Documenting Progress and Change - "Amplifying what's Different"

Accountable to Client Successes and Improvements

We as health care workers and educators make considerable effort to elicit improved outcomes and effectiveness. We want to bring successful responses to our client's by reducing negative behaviors and replacing them with new skills. Ultimately, we are hopeful to obtain improved lifestyles and a quality of life. Some families will be able to identify measurable describable goals, while others, including possibly some ethnic minorities, will be much more interested in the process and present a sense of wellbeing and recognize extended family outcomes. Some traditional cultures value ways to sustain the larger family group or clan rather than have an individual focus.

Collecting Change Data and Reporting what's New

In the short term, we can obtain various observable and measurable information as data points. There are many such formats, and we would refer you to our website at Other Resources. You can review these materials, reflecting how they might be used to create a greater personal awareness, especially if they are self-monitoring or recording new skills. On the other hand, more indirect methods might be required for more subjective inquiries related to satisfaction, acceptance, friendships, health and wellbeing. Having choices to voice one's decisions, receiving recognition for a person's valued roles, feeling included in family, school and community, and achieving a wealth of meanings from life experience all comprise lifestyle and quality of life measures described using the 1-10 scales under perceiving change. 1-10 scale Child and Family Combined Health/Risk Checklist may be used for how these dimensions might be averaged.

Other tools are available incorporating indirect reporting using social validity measures for documenting progress. These use multiple informant interviews, anecdotal records, permanent products as GPA, attendance, having fewer white slips or more preferable, positive "notes" of acknowledgement, and the numbers of public postings or new after school activities. These documents are then available for narrative practices, using storying, and solution focused techniques which embody such experience by the retellings of the oral text. We incorporate such ideas in ABLE's practices in Re-authoring Stories, Interventions or the Family Health Promotion Plan Concepts and Resiliency: Your Changing Stories.

Perceiving Change

Initially , how do we measure progress toward personal change, especially if it is just a small step? Acknowledging progress, however modest, increases self-awareness, AND improves motivation for further change and may offer direction. If we don't notice and distinguish the ordinary from what's novel or changed, then we miss an opportunity to understand improvements or to see that we are moving along and in a better direction. It is by distinguishing what is different, or better or the same, by which we take notice of change in consciousness and what might be the basis for novel and new behaviors.

Some of our scales are subjective (1-10 Scales) and we model by using such measures for each visit as a rating of these subjective moods and feelings (Quality of Life Measures, which include progress, stress, comfort and confidence (See Comfort-Hassles Scale)). We also evaluate the value of our meeting together with the client in terms of goals, expectations and eliciting hope, which are reportable using the Team Management Rating Scale. These tools give us certain feedback of acceptance and satisfaction, and where we can make changes in the next encounter, they also mark where a client's position is relative to these important self-definitions. The Past Weeks' Quality of Family Life as well as the Child's Daily Strength Scale rates the ebb and flow of daily routines on a 1-10 scale of qualitative dimensions.

The researched Youth Outcome Questionnaire, and the Adult Outcome Questionnaire at the following website: http://www.oqmeasures.com/products.htm, or http://www.carepaths.com define objective change in symptomatic behaviors using quantitative measures. Other change in ratings of children's or families' behavior such as the Child Behavior Checklist or quantifiable Family Assessment Measure can indicate movement in various directions using these standardized instruments.

Stages of Change

One way to help understand how change behavior occurs is by using the Prochaska model, shown below. Apply this scale to the position in which a particular change-seeking person stands at the time of evaluation. Try using the metaphor of a sales customer who may—or may not—be ready to buy. Sometimes people want to think about change for awhile, they may seem contemplative and merely want to window shop. Most people are at the early levels of change seeking and not yet ready for action. Possibly more than 75% of all of us are represented in the first two stages, it is at this time, interventions related to motivation, commitment and confidence are fitting. This is not necessarily time for giving advice with education or solutions and problem solving. This is a way to measure where the child-family is now. As helpers, how can we match our suggestions to a client's readiness for change in order to help them progress to a healthier level if we don't understand or know?

Prochaska Model of Readiness for Change

Precontemplation		Contemplation		Shopping	Preparation		Action	Maintenance	
Not at All		Somewhat		Fairly	Mostly		Very	Completely	
0	1	2	3	4	5	6	7	8	9	10

Building Motivation as a Part of Readiness

Motivational Interviewing (MI) is more than a technique. MI is a process by way of listening and questioning indecision and ambivalence. Rather than teaching, it seeks to support people in the early stages of making change by using ways to mobilize intrinsic motivation. Using their own self-talk, called "change talk," people talk themselves into

change with positive statements about change, using their own reasons and arguments for it.

It is in the absence of coercion and resistance where people hear themselves argue against the status quo in more committed ways. Resistance to change may be reinforced by the interviewer, as the theory of approach and avoidance conflict suggests. People will take a counter position to what is suggested if it isn't their own idea.

Reflective Listening a Prerequisite

We can help our clients accomplish this just being with them, using more open-ended evocative questions, and affirmations including acknowledgement, validation, high regard, building confidence and optimism. Summaries of what's said including reflective listening such as rephrasing, empathic recall, reframing and reflecting feelings help elicit the costs and benefits with disadvantages of the status quo and advantages of something different; read more on Understand Shared Conversations. Since behavior and social causes influence so strongly in illness and life course of developmental disabilities, we must all share this role together enacting this practice with our multiple messages in health behavior and lifestyle change. Check out www.motivationalinterview.org/

Finally Goals and Taking Action

We now invite the child and family to pick from several levels or systems in the Family Health and Promotion Plan (FHPP). Having choices and choosing from a menu or a list promotes agency. By combining and utilizing the strengths from multiple contexts, strategies and social forces will work synergistically. This will ultimately reorganize developmental needs and goals into core beliefs and values which include safety, sense of belonging, having a voice, being heard and validated, relational awareness, (multiple influences), understanding and help form a sense of identity. These quality of life dimensions become our long term outcomes for intervention and evaluation: *Optimizing Quality of Life Outcomes* and *Negotiating Resources for Resilience*

Our Child Asset Scale is the primary source for describing the several transactions or the reciprocal interactions of the child in their environmental contexts which give birth to these needs, goals and beliefs which are at the heart of the matter and incorporates them into personal narratives. The FHPP tools then become a way to infuse meaning and significance from experiences, through our stories, which forms opportunities for changing our identity.

A focus is kept on more than the surface behaviors, but also on feelings and thoughts. We try to illuminate and bring together the diverse worlds of the child in relation to family, school and community. We believe this multiple domain approach of placing things in context may enhance motivation, change an idea, offer a new perception, create a new frame, or visualize something another way. It is like planting seeds in a garden. As a plant grows from the seed, it may make something happen even beyond itself, beyond the child, in the larger culture itself.